

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)::

Number of copies of CRF::

Title:: METHOD FOR CULTURING NEURAL STEM  
CELLS USING HEPATOCYTE GROWTH  
FACTOR

Attorney Docket Number:: 082386-000100US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Jouji  
Middle Name::  
Family Name:: Kokuzawa  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: P:WAVE417 7C, 4-17-1, Kitauzura  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 500-8287

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shinichi  
Middle Name::  
Family Name:: Yoshimura  
Name Suffix::  
City of Residence:: Motosu-gun  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: 185-28, Kamo, Kitagata-cho  
City of Mailing Address:: Motosu-gun

State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 501-0425

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Hideomi  
Middle Name::  
Family Name:: Kitajima  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: Swiss-do Bldg. 4B, 10-16, Masago-cho  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 500-8864

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Jun  
Middle Name::  
Family Name:: Shinoda  
Name Suffix::  
City of Residence:: Kakamigahara-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: 3-53, Nakakotogaoka-cho

City of Mailing Address:: Kakamigahara-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 504-0006

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yasuhiko  
Middle Name::  
Family Name:: Kaku  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: 227-2, Nagara 3-chome  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 502-0071

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Toru  
Middle Name::  
Family Name:: Iwama  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan

Street of Mailing Address:: 1-7-17, Fukumitsunishi  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 502-0814

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Ryuichi  
Middle Name::  
Family Name:: Morishita  
Name Suffix::  
City of Residence:: Osaka-shi  
State or Province of Residence:: Osaka  
Country of Residence:: Japan  
Street of Mailing Address:: 2-11-22-502, Miyahara, Yokogawa-ku  
City of Mailing Address:: Osaka-shi  
State or Province of mailing address:: Osaka  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 532-0003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Takahiro  
Middle Name::  
Family Name:: Kunisada  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu

Country of Residence:: Japan  
Street of Mailing Address:: 3490-101, Nagara  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 502-0071

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Noboru  
Middle Name::  
Family Name:: Sakai  
Name Suffix::  
City of Residence:: Gifu-shi  
State or Province of Residence:: Gifu  
Country of Residence:: Japan  
Street of Mailing Address:: 5-7-15, Hinokita  
City of Mailing Address:: Gifu-shi  
State or Province of mailing address:: Gifu  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 500-8207

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

|                                    |  |                              |                      |
|------------------------------------|--|------------------------------|----------------------|
| Application::                      | Continuity Type::  | Parent Application::         | Parent Filing Date:: |
| This Application<br>PCT/JP03/15401 | National Stage of<br>An application claiming<br>the benefit under 35<br>USC 119(e) | PCT/JP03/15401<br>60/430,431 | 12/02/03<br>12/02/02 |

### **Foreign Priority Information**

|           |                      |               |
|-----------|----------------------|---------------|
| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|

### **Assignee Information**

|   |                           |
|---|---------------------------|
| Assignee Name::                         | AnGes MG, Inc.            |
| Street of mailing address::             | 7-15, Saito Asagi 7-chome |
| City of mailing address::               | Ibaraki-shi               |
| State or Province of mailing address::  | Osaka                     |
| Country of mailing address::            | Japan                     |
| Postal or Zip Code of mailing address:: | 567-0085                  |